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Total Number of Pages in This Submission

45

Application Number

10/076,499

Filing Date

02/19/2002

First Named Inventor

David Higgs

Art Unit

1761

Examiner Name

Sayala, Chhaya D.

Attorney Docket Number

5478-8A.1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Response to Notice of Informal Application to comply with 37 CFR 1.63.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Two (2) Certified copies are enclosed: (1) CA 2351903, filed on June 26 2001; and, (2) CA 2335745, filed on February 13, 2001.	
	A copy of Notice of Informal Application dated 4/27/05 is forwarded with s New Declaration and Power of Attorney form.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm Name **McFadden, Fincham**

Signature

Printed name **Martin J. Szczepaniak**Date **July 22, 2005**Reg. No. **32,650****CERTIFICATE OF TRANSMISSION/MAILING**

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